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DR. CHASE'S CASES OF DEFORMED FEET.

[Concluded from page 257.]

CASE III. *Deformity of the Left Foot, not congenital (Pes Equinus of the third degree, of six years' duration, combined with partial inversion of the front part of the foot), restored in twenty-one days.*

—The subject of this case, J. Arbuckle, ætat. 11 years, was, soon after birth, observed, according to the statement of his parents, to have an unusual stiffness in the ankles, which, however, in his earlier years gave him no material inconvenience. He was remarkably healthy, very active, and walked at the usual age of childhood.

Occasionally, up to his fifth year, he complained of a pain in his hip for a short time. This difficulty never attracted the attention of his parents, particularly, until the foot was observed to turn gradually inward, and the heel to become elevated. Medical aid was then called. Bandages and splints were applied, but the deformity proving very obstinate, they were abandoned.

During the month of April of the present year, I saw the patient for the first time. There was, at this period, a partial inversion of the front part of the foot by rotation at the middle joint of the tarsus, while the distance from the toes to the heel was five and three-fourth inches, the direction of the foot being nearly perpendicular, as seen in Fig. VII.

There was a want of development in the glutei muscles—the thigh, leg and foot were also smaller than those of the opposite side, and the whole foot was remarkably rigid. The tendo-Achillis was very stiff, and the bones of the tarsus were prominent, as is seen in Fig. VII., and in short, the limb had undergone all the usual changes which take place, where it becomes necessary to sustain the weight of the body on the toes for a great length of time.

There was also a relaxation of the ligaments of the knee-joint, and while walking, the knee performed a peculiar rotatory motion outwards, which greatly retarded the patient's progress. These combined motions of the limb, together with the elevation of the foot, rendered it almost impossible for him to walk. He would frequently fall in the street, and after going a short distance, would suffer extreme pain in the foot and leg.

On the 11th of May I applied to the outer side of the leg, the brass splint accurately moulded to the limb and the upper part of the external malleolus, extending from just below the knee to the last-mentioned point.

After the application of this apparatus, the foot was drawn daily more and more toward the desired position, until, at the end of one week, it was brought into a direct line with the leg.

FIG. VII.

FIG. VIII.



To fulfil the second indication—the flexion of the foot—the instrument represented in Fig. II. was applied. The apparatus was secured to the leg and foot, and bound firmly at the instep by means of the strap (*f*). The point of the sandal and the upper extremity of the splint at the knee, approximated daily by the aid of the two lateral straps connecting those points, until the twenty-first day after the second instrument was applied, when the foot was restored to its proper position.

After the first few days the patient was able to begin to walk, which accelerated the flexion.

The pain produced by these instruments throughout the whole operation was by no means worth regarding. The process of restoration was slow but constant, and the changes brought about so gradual, that not even an unpleasant sensation was experienced beyond an hour, at any one time during the treatment. Not the slightest inconvenience was felt in any of the tendons, not even in the tendo-Achillis during the treatment, but the pain was confined to the outer side of the foot during the abduction, and to the instep during the flexion.

An abrasion of the skin took place and continued for a few days, being caused by frictions which were employed in aid of the treatment, but no such result was produced by the apparatus.

September 28th. There is still considerable rigidity in the instep. The motions of the foot are limited, and in walking the rotatory motion of the knee is apparent. It is expected that support for the knee and continued exercise of the foot, will in time overcome these difficulties.

The condition of the foot, thirty days after the application of the first instrument, is shown in Fig. VIII.

This patient was seen at different stages of the treatment by Prof. George McClellan, Drs. E. W. Leach of Boston, Baldwin of Georgia, and Drs. R. Coates, Brewer and West of this city.

CASE IV. Greatly distorted Foot, from exposure, which commenced in early life, restored in fifty-one days by mechanical means alone.—In the spring of 1840 my attention was called to Julia Dunmore, who was standing upon her crutches and on one foot, resting herself. The patient is now fourteen and a half years old, healthy, and as active as could possibly be expected with the deformity under which she labors. She was a remarkably healthy and unusually active child—walked readily when nine months old—but at the age of a year and a half she entirely lost the use of her limbs from exposure in a damp cellar, was placed under medical treatment, and recovered the motion of her extremities except that of her right foot, so far as to be able to walk in six months, with the aid of one crutch. She retained this power for some time, when it was observed that the hip was enlarging, and the leg growing shorter. A second crutch was then obtained, and the patient began to place the foot to the ground. The ankle, however, was still weak, but she continued to rest upon this as well as on the opposite leg, in walking. The ankle continued giving way, until the foot was brought to the position seen in Fig. IX., and thus she remained when she came under my care.

The whole limb was at that period much emaciated, measuring only five inches in circumference at the ankle, six and a half at the knee, and eight inches at the largest circumference of the thigh. The hip, and in fact the right side of the body, partook of the general emaciation.

She could stand, but she could not walk without her crutches, and she was so feeble in her limbs, that when she fell, she was compelled to crawl upon her knees, until she met with something by which she could raise herself up. The use of the limb produced great fatigue in it.

It would seem almost impossible that a greater deformity, or one more difficult of restoration, could exist, than is here shown. The foot was completely reversed. The patient rested the limb on the instep, which had been so long accustomed to pressure, that an enormous cushion (see Fig. IX., a) had been formed to protect the foot from the ill-directed pressure.

In the treatment of this case, the same principles were to be applied as in the foregoing. The foot was first to be brought to the same axis with the leg, after which flexion was to be made.

Accordingly, on Saturday, the 22d of May, 1840, I applied the brass splint to the outer side of the leg, as described in the preceding case. By the aid of the strap around the foot, I drew it daily nearer the line with the leg, until the tenth day, when it was made to assume the position seen in Fig. X.

On Monday, June 15th, I commenced flexion, and succeeded, at the end of fifty-one days, in bringing the foot to the position seen in Fig. XI.

The entire restitution of the natural position of this foot, was accom-

plished perhaps with less difficulty than would be presumed by observing it in its distorted state. This was owing to the relaxation of the ligaments, and the ease with which the bones moved upon each other.

FIG. IX.



FIG. X.



FIG. XI.

In the restoration of the foot, the pain experienced was comparatively little. In both rotation and flexion of the foot, this sensation was principally confined to the osseous structure.

With some effort this patient could bring her heel to the floor on the 10th of July, and on the 13th she began walking for the first time, and on the 30th the foot exhibited the appearance seen in Fig XI.

That part of the foot on which it rested during the greatest degree of deformity, is now seen at *a*.

By reference to this figure it will be observed that the leg is thrown slightly backward upon the foot, in consequence of a loss of proper action in the tarsus. This action the patient will again recover.

This patient has been seen by Drs. R. Coates, West and Brewer; Drs. E. W. Leach of Boston, and Baldwin of Georgia.

NOTE.—October 17th, 1840. This patient has gained the use of her



foot at the instep, and the leg is thrown forward to the proper position. She can walk several squares without much fatigue, and the general appearance of the foot is much improved from that seen in Fig. XI. She was examined by my class on the 15th inst.

CASE V. Everted Deformed Foot; deformity commenced at two years of age, from paralysis; restored in ninety days by mechanical means.—During the month of February, 1840, Professors George and Samuel McClellan referred to my care Mr. J. B., aged 25 years, who was laboring under an everted deformed foot, as seen in Fig. XII., the history of which, as given by the gentleman himself and his parents, is as follows:

He was a healthy, fat child, and walked readily at nine months old. At two years of age he was suddenly seized with paralysis of the lower extremities, and spasm of the muscles of the back of the neck; his head was drawn far backward, and remained immovable for several weeks. He could not walk or sit without support, and both legs became entirely useless. This state of things was followed by several months of severe illness, when the left limb gradually recovered. At three and a half years of age he could climb up by a chair. At eight years old he could walk a short distance by the aid of two crutches, and continued in this situation for eight or ten years. He then walked four or five years with a crutch and a cane, and afterwards with a cane only.

Neither of his ankles had entirely recovered from paralysis when he began to bear his weight upon his feet; and as his general health improved, enabling him to take more exercise, his ankles, particularly the right one, gradually gave way, and assumed the appearance represented in the figure referred to.

The internal malleolus was very prominent, the bones of the instep rigid, the foot attenuated, and the leg and thigh much smaller than those of the opposite side. The left foot was also slightly everted. He had no control over his toes. In walking, the foot was thrown outward, resting upon the inner edge, and the internal malleolus came nearly to the ground. He suffered much pain in the ankle and leg in walking.

By considerable effort the foot could be brought inward nearly on a line with the leg, and in order to retain it permanently, a firm gaiter-boot was fitted to the foot and ankle. Two plates of steel were provided, three quarters of an inch wide, two lines in thickness, and attached at their upper extremities by means of a semicircular plate, designed to pass behind the leg near the knee. These were long enough to extend from the knee along each side of the leg to the bottom of the boot, beneath which they were bent and united by their extremities. Attached to the inner plate at the internal malleolus was a circular piece of steel plate three inches in diameter, about two lines in thickness at the circumference, and one-fourth of an inch at the centre. The whole being suitably padded was applied to the foot, and confined by straps passing round the leg.

This boot and its appendages were worn for ninety days, when the foot assumed the position seen in Fig. XIII.

FIG. XII.



FIG. XIII.

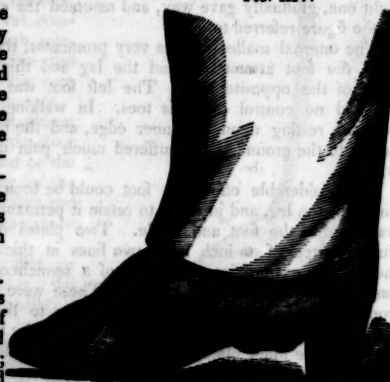


FIG. XIV.

The pressure at the internal malleolus by the circular steel plate was quite firm, and produced considerable pain in walking for the first few weeks. The rigidity of the ankle-bones limited the flexion of the foot for some time after it was brought to a line with the leg.

At this period, Sept. 8th, the patient begins to enjoy the motions of the leg on the foot, and also to move his toes; the leg has increased one-fourth in size since the commencement of the treatment, and he is able to walk without any support and without any fatigue.

Drs. Bacon, Woodward, Smith, Morgan, Cogswell, and Ives of New



England, are familiar with this case, and Professors Tully and Knight have examined the patient since his foot was restored—also the gentlemen who kindly referred him to my care.

I have several patients under treatment for the cure of false ankylosis of the knee-joint, with different degrees of flexion. Three cases have been perfectly restored. Some of these deformities are of many years' standing. The results we propose to relate in a future No. of this Journal.—*Amer. Jour. of Med. Sciences.*

DISEASE AND SLOUGHING OF THE RECTO-VAGINAL WALL.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I noticed in a former No. of your Journal a paragraph, extracted from the London Lancet, under the caption of "Ventre-vaginal Fistula," which reminded me of a case that came under my notice in 1834, that gave me not a little anxiety at the time. Its anomalous character and favorable termination interested me much, and may not be uninteresting to others. This case, however, I did not call ventro-vaginal fistula, but disease of the recto-vaginal wall, which eventually sloughed and came away per vaginam.

I find, by reference to my note-book, that I was called to see my patient Dec. 31st, 1833. She was about 30 years of age, married, and had previously borne six children, the youngest of whom was about four months old, born under my superintendence, after a severe labor. At this time she was laboring under feverish action, accompanied with difficult respiration, with sense of stricture across the chest, cough, constipation of the bowels and frequent pulse, which confined her principally to bed, although it was with difficulty she could lie in a recumbent position. After bleeding, and unloading the stomach and bowels, my patient was in some manner relieved, and no regular fever was developed, although an irregular febrile action, accompanied with cough and costiveness, confined her to her room till the latter part of January following, when my visits were discontinued, as she had every appearance of a rapid convalescence, with the exception of some irregularity in her alvine motions, for which she was directed to use laxatives. I did not see her again till the night of Feb. 5th, when I was hastily hurried to her bed-side, by her husband, who supposed her dying. I learned she had remained convalescent up to the day previous, when, contrary to my advice, she had taken three of Thayer's pills (a patent article, composed of gamboge, aloes, and other drastic substances), and in the evening an injection of salt and water. While upon the stool she was exercised with retching and vomiting, when a protrusion took place from the vagina, accompanied with severe pain, which was succeeded by partial syncope. I found her lying upon the bed, her countenance indicating all the suffering her attendants had described. From what I learned, I supposed at once that my patient was now laboring under prolapsus uteri, and without further delay carried my hand directly to the vulva to ascertain the amount of difficulty. The protrusion was perceptible, and without being particu-

lar to examine for the os uteri, as usual, in what I supposed to be similar cases, I carried my hand forward into the vagina, restoring the prolapsus. I subsequently placed her in bed with her hips raised, and left her for the remainder of the night, with the injunction that she should have an opiate to allay irritation and procure sleep if necessary.

The next morning I found her feverish, restless, and in pain in the recto-vaginal region, and on examination per vaginam the os uteri was found in its natural position, when a mystery began to hover around the case. Subsequently a consultation was solicited and obtained, but the cloud was not dispersed till several days after, when I was informed by her attendant that she had had a fecal discharge from the vagina, accompanied with a "fleshy substance," which had been preserved for my inspection. On examination, it proved truly to be a fleshy substance, measuring, when fully extended upon the table, five inches by three, exhibiting its rectal and vaginal surfaces. The patient was again examined by passing the index finger of one hand into the anus and the same finger of the other hand into the vagina, when it was discovered that the *recto-vaginal wall* was gone, the fingers freely meeting and passing together along the two (?) canals. The sphincters, however, remained entire. The course of treatment was simple, but successful. The bowels were kept freely open with laxatives and demulcents, accompanied with antiseptic injections with laudanum. Fecal discharges passed wholly from the vagina for about three weeks, when it was announced that she had had a discharge per via naturalis; from which time she rapidly improved, and before the close of March I again dismissed my patient, doing well. Since then she has borne three children. Her labors have not been unusually severe. The cicatrix is sound and perceptible to the touch, inclining a little to the left of the centre.

Queries.—Did the disease commence in the rectum in the early part of the first confinement? and if so, was there an actual inflammation pervading the rectum which induced costiveness? or was it nothing more than a loss of tone of the muscular fibres? and would my patient probably have got well without the loss of the "partition wall," had she followed my advice instead of indulging with patent drastics? What was the projection from the vagina, while vomiting, but the recto-vaginal wall, being favored by hardened feces in the rectum? Yours truly,

West Amesbury, Jan. 18th, 1841.

BENJ. ATKINSON.

SUCCESSFUL OPERATION FOR STRABISMUS AND ECTROPEON.

BY P. W. ELLSWORTH, M.D., HARTFORD, CONN.

[Communicated for the Boston Medical and Surgical Journal.]

THE operation for the cure of strabismus was performed by myself, January 9th, upon Mr. C. S., of this city, 23 years of age. The deformity originated in a burn when the patient was about five months old. Not only strabismus inwards of the left eye was produced, but very great ectropeon, owing to contraction of the cicatrices, greatly distorting the face. For this last deformity Mr. S. was operated on by myself

several months since. The elongation of the eye-lids downwards and outwards, and the eversion of the lower one, were so great, that it was found necessary to unite their edges towards the outer canthus. This was done by paring their edges three-eighths of an inch, and taking a single suture. The object intended was accomplished, and the appearance of the eye much improved. Mr. S. now desired to be relieved of the strabismus; which was accomplished in the following manner, very much as recommended by Liston.

The globe of the eye was fixed with a fine double hook, the superior lid elevated by a narrow speculum constructed for this purpose, and held by an assistant, and the lower lid depressed by the finger of another. A fold of conjunctiva was then raised with forceps having minute teeth, divided with curved scissors, the muscle exposed by a little dissection of the submucous cellular tissue, a blunt hook passed under, and the tendon divided by another cut with the scissors.

Fixing the eyeball is sometimes dispensed with. I have operated both with and without, and some others do the same, but it appears to me that unless the patient has much fortitude, the double hook should be used. If not, the rolling of the eye removes the muscle from the line of search and prolongs the operation. Probe-pointed scissors, cutting nicely to the point, easily expose the sclerotic coat, and do not endanger the eye, even if the patient is restless, nor alarm as much as the idea of a knife. For myself I much prefer the forceps for raising the conjunctiva; it takes readier hold than a hook, and if any dissection is necessary, is more convenient. For if the tendon is not immediately found, the cellular tissue becomes filled with blood, and is not easily managed with the latter instrument. Minute teeth, amounting to little more than a mere roughness of the point, render the hold upon the slippery membrane more certain, and add nothing to the pain. Mr. S., during the whole operation, complained of nothing except pressure upon the ball with the speculum, and was surprised when informed that the operation was completed.

The time occupied in the division of the muscle in this case, from the first clip through the conjunctiva, might have occupied a minute or a minute and a half, though no exact reckoning was kept of time; nothing happened to cause any delay in its completion. For a few days the eye had a slight inclination outwards from the action of the antagonist muscle; this has ceased, and it is now perfectly straight. The power of rotating the eye inward is daily increasing, but like the other eye it is obedient only to the will.

So far as an operation can be successful, this is complete. It remains to be seen whether improvement in vision will follow to the extent stated by writers on this subject. In the case of Mr. S., the eye operated on is somewhat weaker than its fellow, though I believe it to be mainly owing to disease; if so, he may hope for the best. The application of cold water was all that was necessary, to keep down inflammation or allay pain. A fungous growth required the application of nitrate of silver, and is now almost entirely gone.

The only cases I have operated on were cured by division of the in-

ternal rectus. I shall in a few days operate in a case where the external rectus is at fault, the patient being obliged to delay a short time.

January 20, 1840.

DISEASE OF THE LUNGS, WITH TEMPORARY LOSS OF VOICE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following case of disease of the lungs, with loss of voice, may have some interest with some of your readers.

The subject is a married lady, about 35, the mother of two children. She is a slender woman, and has been subject to cough in the winter for some years. She has also been subject to dyspepsia, which has been removed by a visit to the Springs and a free use of Congress water. In the month of February, 1840, her cough was worse than usual. It increased daily till it became very severe, accompanied with pains in the chest and loss of voice. Such had been her situation a week or two when I visited her. She complained now of cough, pains in the chest, and a sense of great weight on the shoulders. She could not sleep well at night, and when she did she awoke faint, requiring more air. There was soreness of the throat and fauces. Her countenance was sallow, with very great pallor of the lips. The pulse was small, about 100. The respiration was hurried, and produced a cough at a full inspiration. The cough was hard and frequent; the expectoration small, and some streaked with blood. She could not lie on either side. On percussion there was flatness at the upper part of both sides, but greatest on the left. On auscultation at these parts, on the right side the vesicular respiration was heard, louder than natural. On the left side it could not be heard. The menstrual function was regular, but at these times there was faintness for many days. I directed the use of antimonials as largely as could be borne. To procure sleep, the extract of conium from 1 to 3 grains; which answered well. In a few days counter-irritation was used, and kept up by the tartar ointment. Under these remedies there was some amendment of the cough and pains in the chest; the expectoration became quite copious, and not often streaked with blood.

She continued thus, with some cough, particularly in the morning; with inability to lie on the left side (for she was now able to lie on the right), and pains through the collar bones. The soreness of the throat had yielded to a gargle of the nitrate of silver; but there was no restoration of voice. Such was the state of her health for many months. As soon as the weather would permit, she rode out daily, and soon walked out in the middle of the day. I directed her to use the elixir vitriol three times a day in doses of a teaspoonful, which was the only tonic that she could bear. The weather having now become warm, I advised her to use the warm salt-water baths every other day, which she continued for six weeks, gaining strength under the use of them. In July I persuaded her to go into the country. She there tried electricity to the region of the throat, but it rather increased the pains in the chest,

and she discontinued it. She found, deprived of the salt baths, as she was in the country, she improved but little, and returned. She again commenced them, which she continued twice a week as long as the weather would allow.

With these symptoms it was highly necessary that she should leave, before cold weather, for a southern climate. She had been sick now about eight months, and her improvement had been so gradual that the approaching winter was looked forward to with great anxiety by her friends. She concluded to leave, and sailed in November for New Orleans, to spend a few months there, and from thence to Havana. She had been in New Orleans about six weeks, when she wrote that she had regained her voice; her cough was all gone, and she had gained several pounds in weight. Thus, after the lapse of a year, she has gained her voice. Whether there will be a permanent removal of the disease of the lungs, remains to be seen.

J. W. BENIS.

Charlestown, Jan., 1841.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 3, 1841.

ETIOLOGY OF PULMONARY AND RHEUMATIC DISEASES.

WE have received a reprint from the American Journal of the Medical Sciences, entitled "*Statistical Researches relative to the Etiology of Pulmonary Consumption and Rheumatic Diseases, illustrating the application of the laws of climate to the science of medicine; based on the records of the medical department and adjutant general's office. By Samuel Forry, M.D., of the U. S. Army, &c.*" That Dr. Forry is a man of close observation, and devoted to the interests of medical science, cannot be questioned by those who have an opportunity of examining this production. Some men seem to be particularly organized for statistical investigations, and the world is indebted to a very few persons of that denomination for pretty much all that is known of the operation of certain general laws and the influence of climate on the human race and the vegetable creation. Not long since a favorable opinion was expressed of the value of the Meteorological Register, by Dr. Lawson, the Surgeon General of the U. S. Army—and by a note appended to this pamphlet, it seems that the author had something to do with that also. We sincerely hope that Dr. Lawson will keep his whole medical corps busy at their various stations in collecting such information as this. It is the English fashion—and in no instance should be neglected. Dr. Forry has the precise qualifications for a collector of facts, and the industry to arrange them judiciously for reference; and what is better still, sound learning and discretion to guide him in all his pursuits. Had not this production already appeared in a neighboring Journal, a more elaborate notice would have been given of it here.

Phrenology and Temperance.—Mr. O. S. Fowler has constructed a pamphlet of twenty-four pages, in which he has discussed, phrenologically,

ten propositions—showing, first, the laws which govern the relations existing between certain states of the body and those of the mind; next, the penalties attached to their violation; and the effects of alcoholic drinks of every kind and degree upon the physical and mental economy. In the first proposition Mr. Fowler assumes that there exists reciprocal relations between the conditions of the body and the states of the mind—each influencing and being influenced by the other. As a whole, we view the undertaking as an ingenious contribution to the cause of temperance, logically, phrenologically and medically considered. It may touch a string that no other argument has reached, and its circulation, therefore, should be encouraged by the temperance reformers. If phrenology supplies cogent reasons for living temperate lives, it is turning the science to a practical account at a momentous period. With these remarks, we recommend our friend Fowler's contribution to the cause of morals, health and happiness, to all who feel their accountability to society for the manner in which they exert their influence.

The Bulletin of Medical Science.—Hereafter a periodical, with this title, will take the place of the *Eclectic Journal of Medicine*, edited by Dr. Bell, of Philadelphia. The Library is to appear every three months instead of monthly, and both will cost but five dollars a year—just half of the former price. Dr. Bell is an admirable manager of a journal, and we hope, therefore, that he may have such encouragement as he is entitled to on the score of medico-literary qualifications. What was the necessity, however, for changing the name? Those who pay—and those who subscribe for these things should conscientiously remember that a moral obligation rests upon them to settle according to the terms of publication—will not complain at the reduction of price. The Bulletin has our good wishes.

Births, Deaths and Marriages in England.—Mr. Farr, one of the principal assistants of the Registrar General, has kindly sent us the second annual report of that officer, containing the births, deaths and marriages in England, brought down to June, 1839. There is an immense amount of information upon these matters concentrated in this volume, some of which has already been copied into our pages; but to be appreciated it must be carefully examined from page to page, and table to table. We have not yet had time for ascertaining all the claims which men of science are under to the British Parliament for the measures adopted by that enlightened body for the advancement of knowledge on a most important subject.

Lectures on Physiology.—Some weeks ago reference was made to a popular course of lectures on general physiology by Reynell Coates, M.D., of Philadelphia, who still remains in this city. Having listened with undiminished interest to his discourses, we cannot refrain from regretting that they have not been better appreciated and sustained. Dr. Coates embraces a wide field, and illustrates each department by beautiful drawings. The only way of explaining the apparent apathy of the public towards this very elevated series of popular instruction, is, that there have been so many courses of lectures among us upon all sorts of subjects, under the auspices of the various associations with which our city abounds, that

the people were generally occupied before Dr. Coates arrived. In copiousness, beauty of expression, and number of physiological facts, logically presented, we have not heard any one excel this gentleman. When his qualifications and professional attainments are more extensively known in New England, he cannot be otherwise than admired by those who find their highest pleasure in the study of nature.

Medical Journals.—The Philadelphia Medical Examiner has pounced upon Dr. Hays, of the American Journal, quite spiritedly, for the course taken either by himself or the publishers of the Journal which he conducts, for certain efforts made to monopolize medical influence and contributions at the West. It is quite impossible for any one periodical to be the sole and exclusive organ of the profession in this great country. A diversity of views and opinions, aside from local interests, will keep a host of such works alive, though the existence of some of them may be but a protracted starvation.

Alexis St. Martin.—In the page of miscellany, last week, this celebrated individual, on whom Dr. Beaumont performed such a variety of experiments, and for whose transportation to England several hundred pounds were appropriated some months ago, was spoken of as now residing at Elizabeth, Lower Canada. George E. Bull, Esq., of that place, has kindly answered the inquiry, made some time since, as to the place of his abode. Under date of January 18th, he says—"I beg to inform you that Alexis St. Martin is a resident of this parish, and that I saw him myself not long since." It will be recollected that this individual has lost the fundus of the stomach—and the arch of the ribs being gone, together with the muscles, a spectator can look directly into the organ and witness the process of digestion. When we last saw him in Boston, he appeared in excellent health—tripping about the streets with an elastic step which seemed quite irreconcilable with the idea of a large opening into the interior of the stomach.

Medical Promotions in the U. S. Navy.—Dr. Edward Gilchrist, to be a surgeon in the navy, from the 27th of Sept. last. Dr. John A. Lockwood, to be a surgeon, also, from Oct. 13th. Nathan F. H. Moore, to be assistant surgeon, from Oct. 13th. John Thomly, to be assistant surgeon, from Oct. 13th. Joseph Hopkins, to be assistant surgeon, from Oct. 13th; and Daniel P. Byon, to be also assistant surgeon, from the same date. How many of these gentlemen belong to the New England States?—inquires one who has an eye to what he calls the just equalization of national patronage.

Preservation of Seeds.—Prof. Sharpey, in his recent lectures on anatomy and physiology, speaks of the distinctions of organized bodies, and thus alludes to the fact of seeds retaining their vitality for a long time:—"The seeds of plants will sometimes continue for a long season unchanged, and yet retain life, provided they are not exposed to the external influence of light, moisture, air, &c. Long buried deep in the earth they remain unchanged, but exposed to these influences they will grow and live. No doubt a seed is a part of an organized or living body, and

here is a case where an organized body remains unchanged. I need scarcely remind you of an example furnished by Dr. Lindley. In an ancient sepulchre in the west of England, seeds were found which were proved to belong to the wild raspberry; they were discovered in the belly of the skeleton, and had apparently been swallowed by the person when alive; they had remained for many centuries, but notwithstanding this, when sown and brought to life again, they produced the wild raspberry tree, which grew and flourished. In this case the seeds had been lying dormant. I shall not enter into the subtle question of how far a seed is to be considered an organized or living body; but the fact referred to scarcely constitutes an exception to the rule laid down, at least it is only a modification of it, because as soon as seeds are exposed to the usual external influences necessary to effect a change, they must either grow or decay, and die. The only modification required would be this: that living bodies, exposed to the influence of external agents, heat, light, air, moisture, necessarily undergo the change of nutrition. Another case is the well-known example of mosses, and other simple plants, which having been kept by the herbalist or the botanist, for nearly a century in a dry state, have, on being moistened, been known to flourish. Here life was dormant, but, on being exposed to the usual influences, it was necessary they should live and grow, or die and decay; they could not remain unchanged.

Polydipsia, or excessive Thirst.—We published, in August last, an account of a man then in this vicinity, who was in the habit of swallowing about six gallons of water every 24 hours. The account was extensively copied in the papers, and has drawn forth the following notice of analogous cases, which comes to us in a letter from the postmaster of Livingstonville, N. Y.

"There is a man, a resident of this town, and who resides within two miles of my house, who also daily drinks 24 quarts of water, and upon certain times, when attacked with the sick headache, which he is subject to, he drinks 48 quarts. He drinks until it operates as an emetic, when he gets immediate relief. There was also a gentleman, late of Schoharie C. H., who used to, when living, drink 24 quarts every 24 hours."

Myosis from Non-absorption of the Pupillary Membrane.—A contracted state of the pupil is sometimes met with as congenital. The iris is imperforate in the early stage of fetal life; the serous membrane passing over its entire surface, and that of the pupillary space, without interruption. The portion which stretches across the pupil is usually absorbed about the sixth or seventh month, although some writers state that they have frequently observed it at the period of birth. Sometimes, indeed, it is stated to have continued as a permanent barrier, although this is an extremely rare occurrence, so much so that I have never witnessed an instance. "When the pupillary membrane (says Mr. Wardrop) is not absorbed before birth, it appears in the form of an opaque web, which is easily distinguished from cataract by being vascular, by the size of the pupil being unalterable, and being on the same plane with the iris." The treatment of such a case must be the same as for congenital cataract; indeed it would be impracticable to rupture the pupillary membrane, without, at the same time, injuring the capsule of the lens.—*Walker's Lectures.*

New Hampshire Asylum for the Insane.—We are glad to learn, from the New Hampshire papers, that the location for this institution is at length fixed upon by the Trustees. It is the Gale place, so called, in Concord, and is situated on the Hopkinton road, south-west of the State-house, and about a third of a mile from Main st. The position is elevated, and commands an extensive and pleasant view of the village, of the river, and of the country about. The farm for the Asylum will contain about 110 acres of land. Messrs. Conant and Peaslee were appointed a committee to superintend the erection of the building, and have already invited proposals for the furnishing or manufacture of bricks.

To the Editor of the Boston Medical and Surgical Journal.

RESPECTED FRIEND,—Wilt thou do me the favor to state in the next No. of thy Journal, in relation to the article headed "Extraordinary Case of Dropsy in a Female," inserted in the No. of the 20th inst., that the appellation "Sir" was not contained in the manuscript forwarded to thee, and that what is printed "Mrs. B." reads in that "M. B.," being the initials of the patient's name. Although this may seem too small a matter to thee to require notice, yet it is of consequence to me as a member of the Society of Friends.

Thy friend truly,

Providence, 1 mo. 25th, 1841.

SAMUEL BOYD TOBEY.

Medical Miscellany.—Mrs. Franklin, of Purleigh, Eng., had her 23d child, within 24 years, on the 19th of Dec. last.—In the week ending Nov. 28, the total number of deaths, from all causes, in London, was 862.—The American Journal of Science and the Arts, due in January, has not yet reached Boston. The editors have issued a new prospectus, in which they propose franking all the numbers which are taken directly from them by mail. This will be a good arrangement, if the income of the establishment will warrant the expense, as it will make the Journal cost not far from one dollar less, annually. The price is \$6. We always hold ourselves in readiness to transmit the names of subscribers to this work, and do all other obliging things, for gentlemen residing in the interior of the country.—For want of proper ventilation in the State-house of Indiana, it is supposed that several members of the Legislature have died. They were taken with a severe ulcerated sore throat, and subsequently a congestive fever that ended in death.—There are 20 physicians in the Foreign Missionary service—ten of whom also officiate as preachers. Dr. Peter Parker, now in this country, has acquired more reputation than any medical man heretofore in the missionary interest abroad. Dr. Adams was at Port Natal, South Africa, at the last accounts.—Dr. King, agent of the United States, has made a report to the War Department, on the mineral lands of the government.—Dr. Theodore Vogel, a learned German, is to accompany a new expedition from England to explore the Niger.—Scarlet fever prevails alarmingly at Chippewa.

Number of deaths in Boston for the week ending Jan. 30, 29.—Males, 10—females, 19. Stillborn, 4.
Of consumption, 6—child-bed, 1—suicide, 1—dropsy, 1—cancer, 1—asthma, 1—lung fever, 3—debility, 1—intemperance, 1—hooping cough, 1—infantile, 3—measles, 1—fever, 1—disease of the brain, 1—fits, 3—croup, 1—old age, 1—sudden, 1.

MASSACHUSETTS MEDICAL SOCIETY.

A STATED MEETING of the Counsellors of the Society will be held on Wednesday, February 2d, at 11 o'clock, A. M., at their room, Athenaeum building, Pearl Street.

J 27—tm

GEO. W. OTIS, Jr., Rec. Sec'y.

MEDICAL TUITION FOR 1900-41.

THE subscribers will commence their course of instruction for the ensuing medical year, on November 1st, 1900 (the period at which the Lectures at the Medical College of Harvard University begin).

Minute examinations will be held on all the branches of medicine and surgery during the lectures, in order that students intending to offer themselves for examination at the College in the spring, may be prepared. Students may be assured that they will have constant and abundant opportunities for the cultivation of practical anatomy at all seasons of the year. After the lectures, the arrangements will be as follows until the ensuing November.

Free access at all hours to the United States Marine Hospital at Chelsea will be granted; a daily morning visit will be made by Dr. Stedman, and every week Drs. Ferry, Bowditch and Wiley will visit in the afternoon, for the purpose, chiefly, of learning the physical signs of diseases of the chest. Dr. Bowditch will deliver a course of lectures on diseases of the chest and air passages. Admission to the medical and surgical practice at the Massachusetts General Hospital, the Infirmary for Diseases of the Lung, and to the practice of one of the Dispensary Districts; occasional opportunities for operative surgery and midwifery.

Courses of instruction as follows:

Theory and Practice of Medicine and Chemistry, by	DR. FERRY.
Midwifery, Materia Medica and Demonstrations on }	
Morbid Anatomy at the Hospital, by }	DR. BOWDITCH.
Anatomy, Surgery and Medical Jurisprudence, by	DR. WILEY.

Rooms for study either at Boston, at the Infirmary for Diseases of the Lung, or at Chelsea, free of expense. For terms, apply to H. G. Wiley, M.D., or to either of the subscribers.

DR. FERRY, 419 Washington St., DR. STEDMAN, Chelsea Marine Hospital,
DR. BOWDITCH, 8 Otis Place, DR. WILEY, 467 Washington St.
S. 18—sept.

DR. J. J. MOORMAN.

RESIDENT PHYSICIAN AT THE WHITE SULPHUR SPRINGS, VA.

MAY be consulted by persons at a distance, as to the propriety of using the *White Sulphur Water*, in particular diseases, &c. Communications, descriptive of the case, enclosing the ordinary fee of \$5, directed, post-paid, to Dr. M. at the White Sulphur Springs, Va., will be promptly responded to.
October 2nd, 1900. O. 22—1amtM&ceptO

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 15th day of February, 1901, and continue three months.

Anatomy and Surgery, by	JOSEPH ROSE, M.D.
Theory and Practice of Physic, by	JOHN DELANATER, M.D.
Obstetrics, by	EBENEZER WELLS, M.D.
Chemistry and Materia Medica, by	PARKER CLEVELAND, M.D.

The Library contains 3000 volumes, and is annually increasing.

Amount of fee for the Lectures is \$50, payable in advance.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, October, 1900.

D. 2.—4t

P. CLEVELAND, Secretary.

VERMONT ACADEMY OF MEDICINE.

LECTURES will commence on the second Thursday of March, 1901, and continue fourteen weeks.

Theory and Practice of Medicine, by	HORACE GREEN, M.D., N. Y.
Anatomy and Physiology, by	ROBERT NELSON, M.D., N. Y.
Chemistry and Pharmacy, by	JAMES HABLEY, M.D., Fairfield, N. Y.
Surgery and Medical Jurisprudence, by	JAMES BRYAN, M.D., Philadelphia.
Materia Medica and Obstetrics, by	JOSEPH PERKINS, M.D., Castleton, Vt.
General Pathology, by	C. L. MITCHELL, M.D., N. Y.
Demonstrator of Anatomy	ROBERT JAMIESON, M.D., Castleton, Vt.

Fees for the course, \$50. Matriculation, \$5. Graduating expenses, \$15.

Castleton, Vt., Nov., 1900.

N. 18.—1amtM&cover

JOSEPH PERKINS,
Registrar.

PROLAPSUS UTERI.

THE attention of the medical profession is respectfully invited to Dr. Chapin's Utero-abdominal Supporter and Elastic Belt, which has been recently much improved, and its efficacy thereby greatly increased. It has been faithfully tested by most of the medical faculty of Boston and New York, who have pronounced their unqualified approbation of its utility. Physicians in want, will obtain the measures round the pelvis. They can be supplied with the cheapest and best instrument of the kind in use, from the low price of \$3, to \$7, according to finish. Perineum straps (extra) at 75 cts. to \$1.50.

Reference may be had to the following physicians in Boston, among others who recommend this instrument:—Drs. John C. Warren, J. Ware, W. Channing, G. S. Downs, W. Lewis, J. Flint, J. Mason Warren, E. Palmer, Jr., C. G. Putnam, E. W. Leach.

Office No. 16 Howard, near Court st., Boston.

Nov. 25.—2w&1amtM.

A. F. BARTLETT,
Agent for JOHN E. CHAPIN, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 194 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a painted cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

Dr. H. H. Moore

